SUPPLEMENT

TO THE

BRITISH MEDICAL JOURNAL.

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Meetings of Branches & Divisions.

[*The proceedings of the Divisions and Branches of the Association relating to Scientific and Clinical Medicine, when reported by the Honorary Secretaries, are published in the body of the* JOURNAL.]

BORDER COUNTIES BRANCH:
WEST CUMBERLAND DIVISION.

A MEETING of the West Cumberland Division was held on Thursday, November 29th, at 3.45 p.m., at the Cottage Hospital, Maryport. Dr. H. MITCHELL, Chairman, presiding.

Radical Cure for Hernia.—Dr. PROUD (Maryport) read notes on 20 cases of radical cure for hernia, in which he pointed out the difficulties he had experienced; 12 were left, 7 right, and 1 ventral with adherent membrane. Two femoral were strangulated. In 5 cases the silk sutures suppurated, so now he uses catgut, with better results so far as suppuration is concerned. Orchitis with atrophy followed after one operation. So far no recurrence has followed any of the operations. Dr. Proud showed pathological specimens: (1) Cystic goître; (2) ovarian tumour of more than ten years' duration; (3) radial artery with aneurysmal pouch following trauma.

Cases and Specimens.—Dr. J. W. CRERAR (Maryport) exhibited the following: (*a*) Cases: (1) Boy operated on for epispadias by Cautwell's operation (case described at Keswick meeting of Border Counties Branch held on May 4th); (2) man showing result of wiring fractured patella. (*b*) Photograph of Thiersch skin grafting for large ulcer of back resulting from burn. Reference was made to the device of covering with a thin film of celloidin the surface from which the grafts were cut, thus rendering the culture of grafts much easier, and simplifying the spreading of same. (*c*) Specimens: (1) Right Fallopian tube and ovary from a case of acute salpingitis and peritonitis in a young woman aged 26; at the time of operation pus was exuding from patent fimbriated ostium; treatment by laparotomy and drainage through abdominal wound and vagina with successful result; (2) cystic parovarian tumour from woman aged 36.

Proposed Amalgamation with North Cumberland Division.—It was proposed by Dr. J. W. CRERAR (Maryport), seconded by Dr. G. B. MURIEL (Whitehaven), and carried unanimously:

> That this Division is in favour of amalgamation with the North Cumberland Division of the Branch, subject to such other changes of the north area as are determined by the Branch.

CAPE OF GOOD HOPE (EASTERN PROVINCE) BRANCH:
GRAHAMSTOWN DIVISION.

THE annual meeting of this Division was held on November 16th at Steinmann's Hotel, Grahamstown, Dr. J. BRUCE-BAYS in the chair.

Dinner.—The members dined together before the meeting.

Apology for Absence.—A letter of apology for absence from Dr. C. E. Jones-Phillipson was read.

Election of Officers.—The results of the ballot for office-bearers was then declared to be as follows: *Chairman*, Dr. C. E. Jones-Phillipson (Port Alfred); *Vice-Chairman*, Dr. R. C. Mullins (Grahamstown); *Secretary and Treasurer*, Dr. E. G. Dru Drury (Grahamstown); *Executive Committee*, Dr. J. Bruce-Bays (Grahamstown); Dr. T. L. Blackburn (Port Elizabeth); Dr. J. B. Greathead (Grahamstown); Dr. T. D. Greenlees (Grahamstown); Dr. W. L. A. Leslie (Grahamstown); Dr. T. D. Miller (Fort Beaufort); Dr. F. E. Murray (Graaff-Reinet); Dr. L. Watson (Aliwal North); Dr. H. Caiger (Burghersdorp); Dr. A. Gooding (Adelaide); Dr. E. R. Rowland (Dordrecht); Dr. A. C. Wroughton (Grahamstown), the sixteenth seat being reserved for the Representative to be elected in March, 1907.

Reports of Secretary and Treasurer.—The annual reports of the Secretary and Treasurer were then read and adopted. A vote of thanks to the Secretary was passed.

The Question of Branch.—After discussion of the relative position of the Eastern Province Branch to its constituent Divisions, it was resolved:

> That Colonel Bruce be advised that this Division is of opinion that there is no longer any justification for the existence of a "Branch" in the Eastern Districts of Cape Colony.

Bloemfontein Congress.—Dr. BRUCE BAYS, delegate to the Bloemfontein Congress, reported the general results of the Congress to the meeting, and received a formal vote of thanks for his services.

Colonial Medical Council Election.—The forthcoming Colonial Medical Council Election was then discussed with considerable detail, as also the qualifications of the candidates, and it was resolved that, the meeting being fully convinced of the present and future importance to the profession of a proper settlement of the "reciprocity" question, a letter should be addressed to each of them, stating:

> That this meeting of the Grahamstown Division of the British Medical Association is strongly in favour of strict reciprocity without any exemptions, and requests a definite statement of your views, and that a copy of this resolution be sent to Cape Town, Kimberley, and East London.

It was further resolved:

> That the Medico-Political Committee communicate the above resolutions to our local members of Parliament.

DUNDEE BRANCH.

AN ordinary meeting of this Branch was held in the Students' Union, Dundee, on December 4th, at 8.30 p.m., Dr. KINNEAR in the chair.

Confirmation of Minutes.—The minutes of the annual meeting and of the Dundee Committee on the terms of the appointment of a medical officer to Dundee School Board were read, approved, and signed.

"Bradford Rules."—It was reported that the Central Council had sanctioned the adoption of the "Bradford Rules" with the slight verbal alterations proposed by the Branch,

Annual Representative Meeting.—The Representative at the Annual Representative Meeting gave a report on the proceedings at the meeting in London in July.

Election of Members of Central Council.—A circular was read from the Dublin Division of the Leinster Branch objecting to the resolution passed at the Representative Meeting to elect members of the meeting to the Council. It was resolved to take no action in the matter.

Hospitals Committee.—It was resolved that consideration of a circular from the Hospitals Committee be delayed and that the circular be distributed to the members.

Central Emergency Fund.—It was resolved on the recommendation of the Branch Council, that a donation of £5 be given to the Central Emergency Fund to be earmarked "Ebbw Vale Fund," and that a guarantee of £10 be given to the Central Emergency Fund to be returned in three years if not required, the sums to be taken from the funds at the credit of the Branch before the reconstitution of the Association.

Medical Practitioners and Chemists in Dundee.—It was resolved by 9 votes to 5:

> That the Dundee Branch of the British Medical Association recommends that in future no medical practitioner should accept from a chemist a commission in any form as a return for prescriptions dispensed by him, considering such a thing to be discreditable to the profession, unjust to the chemist, and unfair to the patient.

Scale of Fees in Dundee.—It was remitted to the Branch Council to revise the scale of fees formerly issued by the Forfarshire Medical Association and submit it to the Branch for consideration.

HONG KONG BRANCH.

The annual general meeting was held on November 5th, at 9 p.m., Dr. F. W. Clark, President, in the chair.

Confirmation of Minutes.—The minutes of the last meeting were read and confirmed.

Cases.—Dr. Harston showed some interesting eye cases, which were discussed by Dr. Webb Anderson (Fatshan).

Retiring President's Address.—The outgoing President briefly sketched the transactions of the Branch during the past session, and then went on to refer to the main points mentioned in his address on the prevention of malaria in Hong Kong, which had previously been printed and circulated. The paper was discussed by Drs. Thomson, Koch, Webb Anderson, Stedman, and Harston, and Dr. Clark replied.

New By-law.—The President then moved the adoption of the proposed new by-law, which reads as follows:

> II. "No member of this Branch shall be eligible to represent this Branch, alone or in conjunction with any Branch with which it may for the time being be grouped for representation on the Council of the Association, until he has been a resident member of the Branch for a period of not less than three years, and no Representative so qualified shall continue to represent the Branch or group of Branches on the Council after he has been absent from the Branch for a period of three years."

This was seconded by Dr. Stedman, and carried *nem. con.*

Election of Officers.—The following officers were elected for the year 1906-7: *President:* Dr. D. V. M. Koch, *Vice-President:* Dr. Clark. *Honorary Secretary and Treasurer:* Dr. W. B. A. Moore. *Council:* Hon. Dr. Atkinson, Staff Surgeon Bell, R.N., Dr. Jordan, Captain Ranking, R.A.M.C., Dr. Stedman.

Installation of new President.—Dr. Koch then took the chair amidst applause, and in a few words thanked the members for his election. The meeting then terminated.

METROPOLITAN COUNTIES BRANCH:

Wandsworth Division.

An ordinary meeting of this Division, to which the members of the Lambeth Division were also invited, was held on Thursday, December 13th, at the Alexandra Hotel, Clapham Common, Dr. Llewellyn Williams, Chairman of the Division, presiding.

Confirmation of Minutes.—The minutes of the last two meetings were duly read and signed.

Hospital Reform.—A letter from Mr. Armit was read, suggesting that each of the Metropolitan Divisions should arrange for nine of their members to be present at the adjourned meeting of the British Medical Association on Friday, December 21st. This was acted upon, and nine members of the Division appointed.

General Medical Council Election.—The result of the General Medical Council election was then announced by the Chairman, the success of Dr. McManus being especially approved.

Paper.—Dr. Risien Russell then read a most interesting paper on the diagnosis of intracranial tumours, illustrated by lantern slides; and, in a discussion which followed, Drs. Biggs and McManus, with the Chairman, took part.

Skiagrams.—Dr. Capes (Chairman of the Lambeth Division) afterwards showed, in conjunction with Dr. Ironsides Bruce, some skiagrams from a case of osteomalacia of the spinal column.

Votes of Thanks.—Hearty votes of thanks to Dr. Risien Russell and Dr. Capes were carried with acclamation.

Richmond Division.

A meeting of the Division was held on December 12th, at 8.30 p.m., at the Royal Hospital, Richmond. Dr. F. G. Crookshank occupied the chair.

Address.—Dr. G. S. Hovenden gave an interesting address on the Treatment of Bronchial Catarrh, which was followed by a discussion.

Cases and Specimens.—The following cases and microscopical specimens were shown:—Dr. Crook: Corneal opacities successfully treated by high-frequency current. Dr. Crookshank: Endothelial growth in the neck. Dr. Johnson: Splenic leukaemia with excessive enlargement of the spleen. Dr. Duncan: Microscopical slides showing the organism peculiar to "sleeping sickness." Dr. Blair: Several ophthalmic cases.

LANCASHIRE AND CHESHIRE BRANCH:

Manchester South Division.

A meeting of the members of this Division was held at Dr. Vipont Brown's, Longsight, at 3.30 p.m., on Tuesday, December 18th, Dr. Sawers Scott in the chair. The Chairman and Secretaries of the other Manchester Divisions were invited to be present and to take part.

Letters of Regret for Non-attendance.—Letters of regret were received from Dr. Donald (Chairman) and Dr. Clifford (Secretary) of the Central Division; from Dr. Skardon Prowse, Secretary of the West Division; and from Dr. McGowan, Secretary of the North Division. Dr. Owen, Chairman of the Salford Division, also expressed regret at inability to be present.

Confirmation of Minutes.—The minutes of the last meeting were read and confirmed.

Letter from Dr. Skardon Prowse, Secretary of the West Division.

The following important letter from Dr. Prowse was read:

Manchester, December 10th, 1906.

Dr. Milson R. Rhodes, Honorary Secretary,
Manchester South Division.

Dear Sir,—A combined meeting of the Manchester and Salford Divisions was held at the Midland Hotel, on Wednesday, November 28th, 1906, for the purpose of considering the best means of furthering the work of the Association and the interests of the profession in and around Manchester by some form of co-operation on the part of the several Divisions. In calling the meeting the Manchester West Division were actuated solely by the desire of increasing the value of Association work without prejudice to the interests of any single Division. The Manchester South Division most cordially united with the West in promoting the meeting. As Secretary (*pro tem.*) I was instructed by the meeting to request you to bring the following resolutions to the notice of your Division at as early a period as possible:

1. That this meeting of the Manchester and Salford Division considers that the interest of the Association and of the profession will be best served by the discussion in combined meetings of matters of general interest to be decided on by a combined Committee.
2. That a Committee composed of the Chairman and Secretaries of Divisions be formed to carry out this scheme.
3. That it be an instruction to the Secretary of this meeting to inform the Divisions of what is proposed; and to say that we do not in any way wish to interfere with the authority, autonomy, or individuality of any Division. And that we hope this movement will be the means of securing greater sympathy and good feeling between the various Divisions and the various medical practitioners of Manchester and District.

The last resolution was proposed by the Chairman, Dr. Collins (ex-Chairman of the Manchester South Division), and seconded by Dr. Redmond, Chairman of the West Division.

I am, Sir, yours truly.
J. Skardon Prowse, B.A.,
Honorary Secretary, Manchester West Division.

The Poor-law Royal Commission.

Dr. J. MILSON RHODES, J.P., then read his recommendations *re* the matters referred by the Poor-law Committee to the Divisions, for the use of the Royal Commission on the Poor Law (see page 307, SUPPLEMENT to the BRITISH MEDICAL JOURNAL, December 8th). The numbering and lettering of Dr. Rhodes's recommendations are in accordance with those of the matters referred to the Divisions at the reference above mentioned. Dr. Rhodes said:

A. *Primarily Affecting Medical Men.*

1. The terms under which the medical officers under the Poor Law hold office should have no alteration made in them. I give the vast majority of Boards of Guardians credit for desiring to do the right thing by their officers, but it must not be forgotten that Poor Law, like all law, is meant to prevent wrongdoing, aud cases where serious wrongdoing would have occurred if it had not been for the present system of fixity of tenure have come under my notice in several places; to part with the present system of fixity of tenure would be to destroy the Poor-law Medical Officers' Magna Charta. That the medical fees paid in many cases to the union medical officers are inadequate admits, I am afraid, of little doubt, ; 3s. 4d. a case might be adequate if the statement of Mrs. Sydney Webb that "in practice the treatment consists of a bottle of physic" were true, but we know that it is very far from being even a general truth, and that many of the cases of sickness appear month after month on the list; there is no doubt that vaccination fees are usually taken into account, and add very considerably to the emolument of the Poor-law medical officer, as the following statistics prove:

District.	Cases.	Salary.	Vaccination Fees.	Total.
		£	£	£
A.	741	100	167	267
B.	900	100	135	235
C.	946	100	100	200
D.	499	130	89	219
E.	432	100	187	287
F.	449	85	232	317
G.	969	130	199	329
H.	256	60	107	167
I.	158	40	19	59
J.	69	40	29	69
K.	52	30	64	94

If the average fees are calculated it will be found that one medical officer receives under 2s. per case and another over 11s.—a very far from just distribution; of course full allowance must be made for the longer distances the medical officers have to travel in the more rural districts, but in these days of the motor car that cause of the variation will tend to diminish. Even "the gentleman in the white waistcoat" would hardly say that 1s. 10d. per case was adequate payment. The cause of the inadequate remuneration cannot be solely laid at the door of the guardians; there has been so much competition among certain members of the profession that I know in some unions it has led to a system of what is nothing better than sweating. I will give a case in point. A candidate called on me some three years ago, and said he "would be willing to do the whole of the district work for nothing if he were appointed public vaccinator." I am glad to say that he got neither. My reason for quoting this man's offer is that it has a strong tendency to convey to the lay mind the idea that the guardians were actually paying more than a fair remuneration, and so to depreciate the standard of remuneration of the medical officer. I trust the Poor-law Committee of the British Medical Association will carefully consider the whole question as to the system and the remuneration. It does appear to me doubtful if it is wise to compel all the poor to have one medical man, and only one, whether they like him or not. In the case of public vaccination, the present state of affairs must be swept away, and the Scotch one of placing every practitioner who wishes it on the *Register* must be substituted for it. I should like the Committee to consider very carefully if a different system could not be adopted, not the system proposed by a member of the Royal Commission of having special medical Poor-law officials appointed for Poor Law—that proposal alone shows how little is the grasp some have of the great question they have to attempt to solve, for no one who had real practical experience would even propose such a "wild-cat scheme," for you cannot imagine it working in the rural district.

2. The question as to the provision of drugs cannot be answered in one word, so far as regards the suggestion that they should be provided by the State, as arrangements were not made for their use in the present contracts.

As regards drugs in crowded districts like London and Manchester you might have Poor-law dispensaries, but when you come to consider the cases of rural union such a scheme is unworkable and absurd.

3. I have referred just now to the question of public vaccination. I never thought bringing the children together did much harm, and am amused to see some people who were the strongest opponents of vaccination stations now advocating *gouttes de lait* dépôts where the children are got together and weighed—I had almost said by the dozen; but leaving that aspect of the question aside, we are face to face with the fact that over £1,400 per annum in the Chorlton Union is going into the pockets of thirteen gentlemen—upwards of £100 each. I can, as I said just now, see no reason why every practitioner should not be a public vaccinator, and every parent have the right to call in whoever he likes. A case was brought under my notice officially where a vaccinating surgeon had gone to a house and stated that they had better let him vaccinate their child, as their own doctor could not get the Government lymph. That the vaccination fees are taken into account in fixing salaries admits of no doubt.

5. If the guardians wish to use the general hospital they must pay for their cases.

B. *Primarily Affecting the Public.*

1. That the general administration of the public hospitals should and can be carried out on first-class lines is proved by the excellent accommodation provided not only at many of the large but also of the smaller unions. There are several that I could name where the union would be ashamed to have such wretched accommodation as is found in some cases in London voluntary hospitals, specially the accommodation for nurses.

2. That Poor-law infirmaries and general hospitals can be brought under one management I very much doubt. You must remember that the general hospitals are, compared with the Poor-law hospitals, in a very small minority; there are more beds in the union hospitals of London than there are in all the general and special hospitals of England and Wales put together.

3. As regards the aged poor, it is as impossible to have one uniform system as it is to find a general specific. Circumstances alter cases, and a system that would answer well in a small rural union might be an utter failure in a large urban one. In regard to the aged poor, I say now, as I said years ago before a Parliamentary Committee on this very question: "That system of dealing with the aged is best which is best administered—in one case out relief, in another the homes; but if you adopt the latter, have a proper system of classification, so that Caleb Plummer and Bill Sykes have not to end their days in constant association." As regards the term you use to describe the institution, it makes little difference; the public know that the term "almshouse" in Germany, "poor house" in the United States, "workhouse" in England, or "hospital," mean one and the same.

4. (*a*) That power should be given to provide for really feeble-minded women admits of no doubt, and the same power should be given as regards mentally-degenerating epileptics.

(*b*) Deserted wives cannot be dealt with as a uniform mass. If they are deserving they should have out-relief; if not, indoor and strict supervision.

5. The isolation of infectious diseases is *pro bono publico*, and should be dealt with by the sanitary authority. To do this efficiently in the rural districts there must be combination, and in many cases the combination must be spread over wide areas; but with the motor ambulance the difficulties that formerly stood in the way will rapidly

disappear. The whole charge should be borne by the sanitary authority, as it is for the sanitation of the division.

6. District nurses are best provided by voluntary associations, so that their services can be available for cases of the non-pauper class.

The guardians should, of course, make grants in aid of the funds in proportion to the number of pauper cases.

7. In some cases to obtain proper classification for all sorts of cases it will be necessary for the Boards to adopt a system of voluntary combination, as in the case of Manchester and Chorlton, for epileptics and for vagrants; in others it may be necessary to combine for all purposes; but in no cases, though a union may cover several urban or rural district council areas, should the boundary fail to coincide with the external boundaries of the enclosed areas.

The meeting heartily approved of, agreed to, and adopted Dr. Rhodes's recommendations, and to give practical expression to them resolved that this meeting of the Manchester South Division, in response to the Poor-law Committee's invitation, wish to draw the Committee's attention to these recommendations on the matters referred by that Committee to the Divisions; and resolved, further, that this meeting are agreed as follows on these matters:

A. 1. (1) That the present system of special Poor-law medical officers is unsatisfactory, both to the poor and to the profession.

(2) That every registered practitioner should be entitled to attend Poor-law cases unless he expresses his wish not to be on the list.

(3) That the relieving officer should allow the patient to take the order to such registered practitioner on the list desired by that patient.

(4) That there should be payment per case, the average amount being calculated over a large number of cases.

(5) The interest of the present Poor-law medical officers should be safeguarded.

3. That similarly with regard to vaccination the Scotch system should be adopted—that is, every registered medical man should be entitled to act as public vaccinator, such medical practitioners being bound by the regulations of the Local Government Board with regard to vaccination.

4. (1) That the union hospitals are used by people who could afford to pay a private practitioner.

(2) That the recipients of outdoor relief very often—*trusting to his benevolence*—prefer the attendance of a private practitioner to that of a Poor-law medical officer.

B. 5. That provision for infectious diseases should not be met by the Poor-law authorities.

Dr. Rhodes was accorded a unanimous and hearty vote of thanks for bringing these matters before the Division, and, on the proposal of Dr. Stennett Redmond, Chairman of the Manchester (West) Division, it was agreed to suggest that the above recommendations be brought before the first proposed combined meeting of the Manchester Divisions in the second week in January.

Medical Benevolent Institutions.

Dr. Collins, in opening the discussion on Dr. Jordan's most excellent report on the medical benevolent institutions (see Supplement to the British Medical Journal, December 1st, page 293), said: This is a sad record of trouble, sorrow, and failure amongst our professional brethren. We are a poor profession. I believe the average income of medical practitioners is only £300 per annum, and one realizes it is well-nigh impossible for many men to make any adequate provision for old age or for the necessities of widows and orphans. If Dr. Jordan will permit me, I would like to offer a few supplementary suggestions as to how the necessary funds might be raised to enable the Benevolent Institution to increase the annuities. I would point out *en passant* that this is an excellent occasion for showing the advantages of our new policy of linking up the five Manchester Divisions under the guidance of a central representative committee in a common object for the common good. The five Manchester and Salford linked Divisions, comprising 362 members, can do some real work which the isolated Divisions could not undertake. In addition to these 362 members we have about 100 unassociated practitioners in the Manchester and Salford district. I have no doubt if approached in the proper spirit and manner all these members of our profession could be brought into a co-operative scheme for the advantage of our profession. Every week we see in the British Medical Journal urgent appeals for help: let us try to help ourselves. When trouble, sorrow, or failure comes upon a household the women and children suffer most and first. The keynote of my proposals is that we should not be working for ourselves but for others who have a greater or lesser claim upon our sympathy. I now offer a few suggestions as to the best mode of raising the money Dr. Jordan has so plainly shown us is required.

1. That Dr. Jordan be requestsd and empowered to appoint an honorary lady secretary from among the practitioners' wives resident in the Manchester and Salford area.

2. That the lady secretary should secure the services of a medical man's wife in each district in the area to visit all the medical practitioners in her district to solicit a subscription from them. As each district would be small it would entail little work upon each lady.

3. That at a date to be arranged, each of those ladies would hand over her collection to the lady honorary secretary, who, in her turn, would furnish a report to Dr. Jordan and hand him the aggregate collection.

4. That when Dr. Jordan was forwarding the aggregated collected funds to the Benevolent Institute Committee he might attach a request—which would, I think, almost amount to a command—that when cases were specially recommended by the Manchester and Salford Committee special consideration should be given to these cases.

(This principle would give a local impulse to the work.)

5. That each lady, when collecting, should endeavour to obtain 2s. 6d. as a minimum subscription from each member of the profession in her area per annum, but that, when possible, she should boldly ask for a larger sum. Also, there would be nothing derogatory in asking other benevolent people to assist in this effort.

We medical practitioners do an immense amount of work gratuitously. We are always ready to help others; indeed, we often offer our services without being asked. Why should we hesitate to ask others to do unto us as they would we should do unto them?

I estimate that a systematic organization, somewhat on these lines, would succeed in raising a large sum of money annually, and perhaps the success of our local scheme might stimulate other Divisions to take up the same good work.

Note.—The Medical Benevolent Institute in 1905 granted small sums for temporary relief to:

21 medical men.
82 widows.
57 children

There are 123 annuitants who receive £20 each, consisting of:

20 medical men.
55 widows.
48 daughters.

☛ *To ensure the insertion of notices in this column, they must be received at the Central Offices of the Association not later than the first post on Tuesday.*

Association Notices.

BRANCH AND DIVISION MEETINGS TO BE HELD.

Edinburgh Branch.—It is proposed to hold the annual clinical meeting of the Edinburgh Branch in the Royal Infirmary, Edinburgh, on the second or third Friday in February, 1907.—A. Logan Turner, Francis W. Boyd, Honorary Secretaries.

Naval and Military Appointments.

ROYAL NAVAL MEDICAL SERVICE.

The following appointments have been made at the Admiralty:—HUGH W. MACNAMARA, Fleet Surgeon, to the Royal Marines, Portsmouth, December 17th; WILLIAM J. COLBORNE, Fleet Surgeon, to the *Euryalus*, December 17th; ARTHUR GASKELL, Fleet Surgeon, to the *Hogue*, December 17th: ERNEST C. LOMAS, M.B., D.S.O., and LOUIS L. GREIG, M.B., Surgeon, to the *Hibernia*, on commissioning, January 2nd, 1907; JOHN JENKINS, Fleet Surgeon, to the *Cumberland*, on recommissioning, January 1st, 1907; GEORGE T. BROATCH, M.D., Fleet Surgeon, to the *Cornwall*, on recommissioning, January 1st, 1907; JAMES BRADLEY, M.D., Fleet Surgeon, to the *Victorious*, on recommissioning, January 1st, 1907; BEAUCHAMP F. PARISH, Staff Surgeon, to the *Implacable*, December 17th; WILLIAM H. THOMSON, Staff Surgeon, to the *Ariadne*, December 17th; ARTHUR E. KELSEY, M.B., Staff Surgeon, to the *Trafalgar*, on recommissioning, January 2nd, 1907.

CHANGES OF STATION.

THE following changes of stations amongst the officers of the Royal Army Medical Corps have been officially reported to have taken place during November, 1906:

	FROM	TO
Colonel J. G. Harwood	Portsmouth ...	Darjeeling.
Lieut.-Col. S. C. B. Robinson	Colchester ...	W.Com., India.
,, T. J. R. Lucas, C.B., M.B.	Aldershot ...	Secunderabad.
,, G. W. Brazier-Creagh, C.M.G.	Bareilly ...	Hounslow.
,, W. W. Pike, D.S.O	Mandalay ...	Maymyo.
,, C. E. Nichol, D.S.O., M.B.	Jubbulpore ...	Aldershot.
,, H. S. McGill	London ...	Bombay.
,, A. E. Morris, M.D.... ...	Saugor	Jubbulpore.
,, R. L. R. Macleod, M.B. ...	Dublin	W.Com. India.
,, H. P. G. Elkington... ...	Aldershot ...	India.
,, J. B. W. Buchanan, M.B...	Barrackpore ...	Maryhill.
,, J. J. O'Donnell, M.B. ...	Newcl-on-Tyne	W. Cd., India.
,, C. J. MacDonald, M.D. ...	Kilworth ...	Fermoy.
Major A. Y. Reily, M.B....	Maymyo ...	Mandalay.
,, H. St. G. S. Hore	Naas	Dublin.
,, D. Stiell, M.D.	Rangoon ...	Bhamo.
,, H. S. Peeke	Aldershot ...	N. Com., India.
,, E. McK. Williams	Brighton ...	Shorncliffe.
,, F. W. Begbie	Millbank ...	W.Com., India.
,, E. M. Morphew	E. Com., India	Meerut.
,, J. G. McNaught, M.D.	Malta	Edinburgh.
,, H. S. Thurston	N. China ...	London Dist.
,, F. A. Symons, M.B.	Mhow	,,
Captain H. Hewetson	Dover	Straits Setlmt.
,, M. MacG. Rattray, M.B. ...	Colaba	Bangalore.
,, A. H. O. Young	Belfast	Bermuda.
,, C. J. O'Gorman, D.S.O. ...	Shorncliffe ...	Brighton.
,, A. R. O'Flaherty	Mhow	Saugor.
,, M. H. G. Fell	Seaforth ...	Liverpool.
,, T. C. Lauder, M.B.	Edinburgh ...	Glencorse.
,, H. S. Taylor	—	Aldershot.
,, R. H. Lloyd	Glencorse ...	Edinburgh.
,, H. K. Palmer	Colchester ...	Yarmouth.
,, V. J. Crawford	Edinburgh ...	Glasgow.
,, P. H. Falkner	Cardiff	Warrington.
,, J. W. Langstaff...	Brecon	Wrexham.
,, J. I. W. Morris	Perth	Fort George.
,, F. Harvey	Deepcut ...	Aldershot.
,, W. M. McLoughlin	Middelburg, Transvaal	,,
,, J. A. Hartigan, M.B.	Aldershot ...	Deepcut.
,, J. G. Foster, M.B.	Dunree Camp	Belfast.
,, W. Bennett, M.B.	Kilkenny ...	Fermoy.
,, G. Carroll	Cahir	Clonmel.
,, J. G. Churton	Woolwich ...	Hounslow.
,, A. D. Waring, M.B.	Belfast	Belturbet.
,, F. McLennan, M.B.	Fort George ...	Maryhill.
,, J. H. Robinson...	Campbellpore	Alderney.
,, J. Tobin	Cork	Fethard.
,, R. T. Brown, M.B.	Ranikhet ...	Eastern Comd.
,, P. H. Henderson, M.B. ...	Aden	Colchester.
,, F. H. Hardy	Mill Hill ...	Brit. C. Africa.
,, W. L. Bennett, M.B.	Aberdeen ...	Edinburgh.
,, W. S. Crosthwait	Secunderabad.	Thayetmyo.
,, P. S. Lelean	N. Com., India	Lucknow.
,, J. T. Johnson, M.D.	Hong Kong ...	N. Command.
,, H. J. M'Grigor, M.B.... ...	Bulford ...	W. Africa.
,, J. H. Brunskill, M.B... ...	Thayetmyo ...	Maymyo.
,, R. N. Hunt, M.B.	Secunderabad.	Dublin.
,, J. C. Kennedy, M.B.	Malta	E. Command.
,, R. V. Cowey	Secunderabad.	,,
,, R. C. Wilson, M.B.	Cyprus	Egypt.
,, S. M. Adye-Curran	Kilbride ...	Dublin.
,, L. Cotterill	Mandalay ...	Maymyo.
,, B. A. Craig	Glen Imaal ...	Curragh.
,, N. E. J. Harding, M.B. ...	Shwebo ...	Rangoon.
,, J. A. W. Webster	Poona	Purandhar.
,, B. H. V. Dunbar, M.B. ...	Purandhar ...	Jubbulpore
Lieutenant T. J. Wright...	Wellington ...	Colaba.
,, R. R. Lewis	Bellary... ...	Secunderabad.
,, W. Parsons	Bangalore ...	,,
,, H. H. A. Emerson, M.B.	R.A.M. College	Bermuda.
,, G. E. Ferguson	Devonport ...	Egypt.
,, C. E. W. S. Fawcett, M.B.	Secunderabad	Bangalore.
,, E. G. Anthonisz	Netley	,,
,, E. L. Moss	Portsmouth ...	India.
,, A. E. S. Irvine	Curragh ...	Dublin.
,, P. Farrant	—	Colchester.
,, A. E. F. Hastings	Dublin	E. Cmd., India.
,, J. S. Dunne	Deepcut ...	,, ,,
,, C. F. White, M.B.	E. Cmd., India	Lucknow.
,, W. R. Galwey, M.B. ...	Dublin	Queenstown.
,, F. Forrest	Colchester ...	Mill Hill.
,, A. S. Williams	—	Dover.
,, C. R. M. Morris, M.B. ...	Cork	Kilworth.
,, R. E. U. Newman, M.B. ...	,, ...	Bere Island.
,, P. Sampson	Bordon... ...	Longmoor.
,, M. G. Dill, M.B.	Maryhill ...	Ayr.

Vacancies and Appointments.

This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column, advertisements must be received not later than the first post on Wednesday morning.

VACANCIES.

EDINBURGH SCHOOL BOARD.—Medical Officer. Salary, £400 per annum.

GRESHAM COLLEGE.—Gresham Lectureship on Physics.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Assistant Physician.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—House-Surgeon. Salary, £20 for six months and £2 10s. washing allowance.

MIDHURST: KING EDWARD VII SANATORIUM.—(1) Pathologist; (2) Two House-Physicians. Salaries for (1) £250 per annum; and for (2) at the rate of £50 per annum.

NORWICH: JENNY LIND INFIRMARY FOR CHILDREN.—Lady Resident Medical Officer. Salary, £50 per annum.

PLYMOUTH: SOUTH DEVON AND EAST CORNWALL HOSPITAL.—House-Surgeon. Salary, £100 per annum.

SHEFFIELD UNIVERSITY.—Professor of Pathology.

WEST END HOSPITAL FOR DISEASES OF THE NERVOUS SYSTEM, ETC., Welbeck Street, W.—(1) Physician; (2) Medical Officer in charge of Electrical Department.

APPOINTMENTS.

COTTERILL, D., M.B., Ch.B., Clinical Assistant to Professor Annandale at the Edinburgh Royal Infirmary.

JOHNSTON, G. Jameson, M.A., M.B., F.R.C.S.I., University Examiner in Clinical Surgery, Dublin University.

MILES, G. L. N., L.R.C.P. and S.Irel., Certifying Factory Surgeon for the Farnham District, co. Surrey.

PEARCE, George Harper, D.P.H.Camb., reappointed Medical Officer of Health by the Darton Urban District Council.

PURVES, W., L.R.C.P. and S.Edin., Certifying Factory Surgeon for the Milnthorpe District, co. Westmorland.

ST. JOHN, W. St. A., M.R.C.S., L.R.C.P., Honorary Anaesthetist to the Derbyshire Royal Infirmary.

TROTTER, Wilfred, M.D., M.B., M.S., Assistant Surgeon, University College Hospital.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post-office orders or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

DEATH.

MACGREGOR.—At Wellington, New Zealand, on December 16th, Duncan MacGregor, M.B., LL.D., Inspector-General of Hospitals and Asylums for the Colony of New Zealand, aged 63.

DIARY FOR THE WEEK.

WEDNESDAY.

OBSTETRICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8 p.m.—The following specimen will be shown: Dr. Amand Routh: Fibroid with Sarcomatous Change. Papers: Dr. Archibald Donald: Chronic Septic Infection of the Uterus and its Appendages. Dr. W. Fletcher Shaw: The Pathology of Chronic Metritis.

BOOKS, ETC., RECEIVED.

Chirurgie du Foie, et des Voies Biliaires. Par F. Terrier et M. Auvray. Paris: F. Alcan. 1907. Fr.12.

A Modern Miracle (Pierre de Rudder). By A. Deschamps, S.J., M.D., Sc.D. Translated from the French by F. Rankin, S.J. Glasgow: R. Gibson and Sons. 1906.

Aids to Medical Diagnosis. By A. Whiting, M.D., M.R.C.P. London: Baillière, Tindall, and Cox. 1907. 2s. 6d.

Guy's Hospital Reports. Edited by F. J. Steward, M.S.; and H. French, M.D. Vol. LX. London: J. and A. Churchill. 1906.

Erfahrungen über Cholecystektomie und Cholecystenterostomie nach 286 gallenstein-laparotomien. Von Dr. A. von Bardeleben. Jena: G. Fischer. 1906. M.4.

*** In forwarding books the publishers are requested to state the selling price.

CALENDAR OF THE ASSOCIATION.

Date.	Meetings to be Held.
DECEMBER.	
30 Sunday	
31 MONDAY	
JANUARY.	
1 TUESDAY.....	Subscriptions to the British Medical Association for 1907 become due.
2 WEDNESDAY	
3 THURSDAY...	
4 FRIDAY	
5 SATURDAY...	
6 Sunday	
7 MONDAY	
8 TUESDAY ...	LONDON: Organization Committee, 11 a.m. LONDON: Public Health Committee, 3.15 p.m.
9 WEDNESDAY	LONDON: Medico-Political Committee, 2.30 p.m. LONDON: Medical Witnesses Sub-committee, 1.45 p.m.
10 THURSDAY...	LONDON: Hospitals Committee, 2.30 p.m.
11 FRIDAY	LONDON: Central Ethical Committee, 2 p.m. HAMPSTEAD DIVISION, *Metropolitan Counties Branch.*
12 SATURDAY...	LONDON: Science Committee, 11 a.m.
13 Sunday	
14 MONDAY	
15 TUESDAY ...	LONDON: Poor-Law Committee (English Members), 1.30 p.m. Full Committee, 3.30 p.m. CITY DIVISION, *Metropolitan Counties Branch*, Great Eastern Hotel, E.C., 4 p.m.
16 WEDNESDAY	
JANUARY *(Continued).*	
17 THURSDAY...	
18 FRIDAY	
19 SATURDAY...	
20 Sunday	
21 MONDAY	
22 TUESDAY ...	
23 WEDNESDAY	CENTRAL COUNCIL.
24 THURSDAY...	WANDSWORTH DIVISION, *Metropolitan Counties Branch*, Wandsworth Town Hall, 8.45 p.m.
25 FRIDAY	
26 SATURDAY...	
27 Sunday.....	
28 MONDAY	
29 TUESDAY.....	
30 WEDNESDAY	BATH AND BRISTOL BRANCH, Bristol.
31 THURSDAY...	
FEBRUARY.	
1 FRIDAY.....	
2 SATURDAY...	
3 Sunday.....	
4 MONDAY	
5 TUESDAY.....	
6 WEDNESDAY	
7 THURSDAY...	WANDSWORTH DIVISION, *Metropolitan Counties Branch*, Bolingbroke Hospital, 4 p.m.
8 FRIDAY	HAMPSTEAD DIVISION, *Metropolitan Counties Branch.*
9 SATURDAY...	
10 Sunday	
11 MONDAY	
12 TUESDAY.....	

MEMBERSHIP OF THE BRITISH MEDICAL ASSOCIATION.

The British Medical Association exists for the promotion of medical and the allied sciences, and the maintenance of the honour and the interests of the medical profession.

The Annual Subscription to the British Medical Association is £1 5s. 0d., and the BRITISH MEDICAL JOURNAL is supplied weekly, post free, to every member of the British Medical Association wherever he may reside.

Forms of application for membership can be obtained from the General Secretary, 429, Strand, London, W.C.

The principal rules governing the election of a medical practitioner to be a member of the British Medical Association are as follow:

Article III.—Any Medical Practitioner registered in the United Kingdom under the Medical Acts and any Medical Practitioner residing within the area of any Branch of the Association situate in any part of the British Empire other than the United Kingdom, who is so registered or possesses such medical qualifications as shall, subject to the Regulations, be prescribed by the Rules of the said Branch, shall be eligible as a Member of the Association. The mode and conditions of election to Membership shall from time to time be determined by or in accordance with the By-laws. Every Member, whether one of the existing Members or a subsequently-elected Member, shall remain a Member until he ceases to be a Member in accordance with the provisions hereof.

By-law 1.—Every Candidate for Membership of the Association shall apply for election in writing, addressed to the Association, and stating his agreement, if elected, to abide by the Regulations and By-laws of the Association, and the Rules of such Division and Branch to which he may at any time belong and to pay his subscription for the current year.

By-law 2.—Every candidate who resides within the area of a Branch shall forward his application to the Secretary of such Branch. Notice of the proposed election shall be sent by the Branch Secretary to the General Secretary of the Association, and to every Member of the Branch Council, and the candidate, if not disqualified by any Regulation of the Association, may be elected a member of the Association by the Branch Council at any meeting thereof held not less than seven days (or such longer period as the Branch may by its Rules prescribe) after the date of the said Notice. A Branch may by special Resolution require that each candidate for election to the Association shall furnish a certificate from two Members of the Association to whom he is personally known. Officers of the Navy, Army, and Indian Medical Services on the Active List are eligible for election through the Council or a Branch without approving signatures as laid down in By-law 3.

By-law 3.—Every candidate whose place of residence is not included in the area of any Branch shall forward his Application to the General Secretary of the Association, together with a statement, signed by three Members of the Association, that from personal knowledge they consider him a suitable person for election. Notice of the proposed election shall be sent by the General Secretary to every Member of the Council, and the candidate, if not disqualified by any Regulation of the Association, may be elected a Member of the Association by the Council at any meeting thereof held not less than one month after the date of the said notice.

The annual subscription to the BRITISH MEDICAL JOURNAL for non-members is £1 8s. 0d. for the United Kingdom, and £1 12s. 6d. for abroad.

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